

Communicable Disease Advisory:

Mumps – Update #2

From the office of the Central Zone Medical Officer of Health

Date: March 9, 2017

Confirmed mumps cases continue to occur in Alberta – 33 as of March 8 - as well as in other provinces and the USA. Some cases in Alberta have been linked to outbreak activity in Manitoba and Ontario. A mumps outbreak was declared on February 14, 2017 in South Zone Medicine Hat area with exposures linked directly to the Western Hockey League. Edmonton Zone is also investigating a cluster of mumps cases associated with the University of Alberta. Up to date information on mumps activity in Alberta can be found on the AHS website at: www.ahs.ca/info/page15190.aspx.

There is concern that mumps will spread further in Alberta over the coming weeks and months. Please be diligent in considering mumps in individuals with compatible symptoms and exposure risk, and in testing appropriately.

Clinical Presentation:

Acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary glands, lasting greater than two days and without other apparent cause. Non-specific prodromal symptoms preceding parotitis by a few days include low-grade fever, anorexia, malaise and headache.

- Up to 30% of cases can be asymptomatic, but are still infectious.

Actions:

1. Report confirmed and probable cases of mumps to the Communicable Disease Control team at 403-356-6420 (8:30-4:30, weekdays) or 403-391-8027 (weekends, holidays, after-hours).
2. Advise symptomatic individuals with possible mumps to stay home from work or school for 5 days from the onset of parotitis. Public Health will review exclusion with confirmed cases.
3. Use droplet precautions when assessing possible mumps cases. See further IPC precautions below.
4. Perform recommended mumps testing, based on symptom onset and immunization status (*see Table below*).
5. Collect buccal swab +/- urine specimen at point of care. (Contact your usual supplier for swab and medium supplies)
6. Order tests on ProvLab virology requisition: include ordering physician; patient name, gender, DOB, PHN, home address and phone number; specimen type and source, clinical history; date and time of collection.
 - For further information on appropriate laboratory testing and interpretation, see www.ahs.ca/assets/wf/plab/wf-provlab-laboratory-testing-for-mumps.pdf
7. Ensure that you and your staff are up-to-date with immunizations. All healthcare workers, regardless of date of birth, are recommended to have 2 doses of mumps containing vaccine.
8. Encourage your patients to ensure that their immunizations are up-to-date. They can call Health Link at 811 for advice on checking immunization records or making immunization appointments.

Mumps is vaccine preventable – MMR vaccine is part of Alberta’s immunization program. Adequate immunization is outlined in the *AHS-Immunization Program Standards Manual* (www.ahs.ca/info/Page10802.aspx).

Laboratory Testing: (further details at www.provlab.ab.ca/education.htm)

Time elapsed from onset of parotitis*	Immunization status	Test request and sample
Day 0-3	Not applicable	Order mumps NAT on buccal swab
More than 3 and up to 5 days	Not immunized or unknown status	Order mumps NAT on buccal swab Order mumps IgM & IgG serology
	Immunized (1 or 2 doses)	Order mumps IgM & IgG serology after day 5
After day 5	Not applicable	Order mumps IgM & IgG serology
With orchitis/ oophoritis and/or meningitis (onset at any time)	Not applicable	Order mumps NAT on buccal swab AND urine Order mumps IgM & IgG serology
* Although parotitis is the most common manifestation, other mumps compatible symptoms can be included as a guide to testing		

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Infection Prevention and Control (IPC): (further detail in IPC links below)

Mumps is spread by contact with infected respiratory droplets or contact with items that might be contaminated with the saliva of an infected person. It is not an airborne disease.

Use routine infection prevention control measures in addition to droplet precautions to reduce the risk of transmission.

Specifically:

- Consider booking possible mumps patients into appointments at the end of the day or during periods of low activity in your office.
- Move the patient into an exam/treatment space as quickly as possible. If unable to do so, maintain social distancing (2 meters separation from others) to reduce droplet transmission risk; mask the patient.
- Don a procedure mask and eye protection prior to having direct contact with patient.
- Ensure good hand hygiene and wear appropriate PPE when collecting and handling laboratory specimens.
- Have the client perform hand hygiene prior to handling items that cannot be cleaned (books, magazines)
- Clean and disinfect high touch/potentially contaminated surfaces and equipment following the visit using a two-step process.
- Advise patients to avoid sharing items that could be contaminated with saliva such as water bottles, drinking glasses, utensils, etc.
- Advise patients to cover coughs or sneezes with a tissue or a forearm.

Additional References

- Alberta Health Public Health Notifiable Disease Management Guidelines. Mumps. www.health.alberta.ca/documents/Guidelines-Mumps-2011.pdf
- Provincial Laboratory for Public Health. Laboratory Testing for Mumps, Mar 3, 2017. www.ahs.ca/assets/wf/plab/wf-provlab-laboratory-testing-for-mumps.pdf
- Alberta Health Services IPC Community Based Resource Manual www.ahs.ca/assets/healthinfo/ipc/hi-ipc-community-based-services-resource-manual.pdf
- Alberta Health Services IPC Diseases and Conditions Table: Recommendations for Management of Acute Care Patients Acute Care Resource Manual www.ahs.ca/assets/healthinfo/ipc/hi-ipc-resource-manual-main-document.pdf
- Public Health Agency of Canada. Mumps. www.phac-aspc.gc.ca/im/vpd-mev/mumps-oreillons/professionnels-professionnels-eng.php

If you have further questions, please contact your Zone Medical Officer of Health

Contact information is posted on the AHS-MOH webpage www.ahs.ca/medstaff/Page7082.aspx